

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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HONOLULU  
ETHICS COMMISSION  
RECEIVED

32-11-19

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**2019 REGISTRATION**Lobbyist Registration  
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Mierzwa, Peggy H

LOBBYIST FIRM/EMPLOYER (if applicable)

Blue Zones Project - Hawaii

TELEPHONE

808-284-8569

MAILING ADDRESS (No. and Street or P.O. Box)

1453 Akulana Pl

FAX

EMAIL

peggy.mierzwa@sharecare.com

(City)

Kailua

(State)

HI

(Zip Code)

96734

**PART II.A ORGANIZATION**

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Blue Zones Project - Hawaii

TELEPHONE

808-225-6105

MAILING ADDRESS (No. and Street or P.O. Box)

1182 Punua

FAX

EMAIL

craig.petty@sharecare.com

(City)

Kailua

(State)

HI

(Zip Code)

96734

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A



DATE



# PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

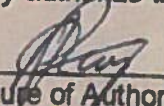
|  |   |  |
|--|---|--|
| <input type="checkbox"/> Business & Economic Development | <input type="checkbox"/> Community Services                         | <input type="checkbox"/> Customer Services   |
| <input type="checkbox"/> Culture & Arts                  | <input type="checkbox"/> Housing                                    | <input type="checkbox"/> Public Works, Infrastructure & Sustainability   |
| <input checked="" type="checkbox"/> Parks & Recreation   | <input checked="" type="checkbox"/> Public Health, Safety & Welfare | <input type="checkbox"/> Tourism   |
| <input checked="" type="checkbox"/> Transportation       | <input type="checkbox"/> Zoning & Planning                          | <input type="checkbox"/> Specific Legislation:<br><input type="checkbox"/> Additional Sheet(s) Attached<br>Bill No. _____ (Year) _____<br>Reso No. _____<br>Admin. Rule No. _____<br>Dept. _____ |
| <input type="checkbox"/> Other (indicate below): _____   |   |  |

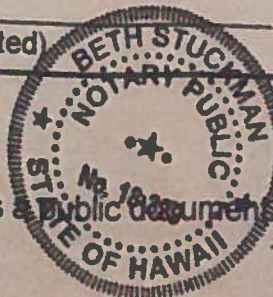
# PART IV LOBBYIST CERTIFICATION

|   |  |
|---|--|
| I hereby certify that the foregoing statements are true and correct.<br><br>LOBBYIST SIGNATURE<br>December 21, 2018<br>DATE | Subscribed and sworn to before me<br>This <u>21</u> day of <u>December</u> , 2018.<br>By: <br>NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS<br>My commission expires:<br><u>06/24/22</u> |
|---|--|



# PART V AUTHORIZATION TO LOBBY

|   |                      |  |  |
|---|----------------------|--|--|
| NAME<br><u>Craig Petty</u>  |                      | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED<br><u>Vice President, Sharecare - B2P</u> |  |
| NAME OF ORGANIZATION (if applicable)  |                      | TELEPHONE<br><u>808-225-6105</u>   |  |
| MAILING ADDRESS (No. and Street or P.O. Box)<br><u>1182 Punua Pl</u>  |                      | FAX  |  |
| (City)<br><u>Kailua</u>   | (State)<br><u>HI</u> | EMAIL<br><u>craig.petty@sharecare.com</u>  |  |
|   |                      | (Zip Code)<br><u>96734</u>   |  |
| I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.  |                      |  |  |
| (Signature of Authorizing Officer or Person Represented)<br> |                      | December 21, 2018<br>NOTARY PUBLIC CERTIFICATION   |  |



Beth Stuckman First Judicial Circuit  
 Doc. Description: 2019 Registration  
 No. of Pages: 2 Date of Document: 12/21/18  
 Beth Stuckman  
 Notary Signature Date